



EXPRESS MAIL NO.: EV 447409964 US
DEPOSITED ON: APRIL 5, 2004

PATENT

Application No. : 10/050,231 **Conf. No.: 8620**
Applicant(s) : William H. Hildebrand, et al.
Filed : 01/16/2002
TC/A.U. : 1644
Examiner : F. Vandervegt
Title : SOLUBLE MHC ARTIFICIAL ANTIGEN PRESENTING CELLS
Docket No. : 6680.036
Customer No. : 30589

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

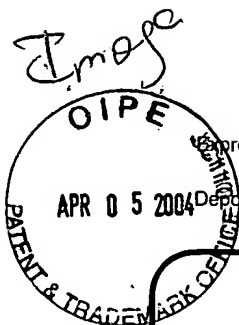
RESPONSE TO ELECTION REQUIREMENT

Sir:

In response to the Examiner Vandervegt's office action dated March 5, 2004, Applicant hereby elects Group I, claims 1-17 and 31 without traverse.

04-06-04

1644



APPROVED
for
PTO DEPOSIT ACCOUNT CHARGE
ACCOUNT #04-1700

Express Mail No. EV 447409964 US

Deposited on: April 5, 2004

DUNLAP, CODDING & ROGERS, P.C.

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/050,231
Filing Date	01/16/2002
First Named Inventor	William H. Hildebrand
Group Art Unit	1644
Examiner Name	F. Vandervegt
Attorney Docket Number	6680.036

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

☒ Fee Transmittal Form☐ Fee Attached☒ Amendment / Reply☐ After Final☐ Affidavits/declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Response to Missing Parts/
Incomplete Application☐ Response to Missing Parts
under 37 CFR 1.52 or 1.53☐ Assignment Papers
(for an Application)☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a
Provisional Application☐ Power of Attorney, Revocation
Change of Correspondence
Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ After Allowance Communication
to Group☐ Appeal Communication to Board
of Appeals and Interferences☐ Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s) (please
identify below):

See remarks below:

Remarks

1. Transmittal Form (1 page);
2. Fee Transmittal (1 page);
3. Election (7 pages); and
4. Return Receipt Postcard.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual name

DUNLAP, CODDING & ROGERS, P.C., Customer Number 30589

Attn.: Douglas J. Sorocco, P. O. Box 16370, Oklahoma City, Oklahoma 73113

Signature

Date

4.5.04

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail or U.S. Express mail no. EV 447409964 US in an envelope addressed to the address below on this date: April 5, 2004

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Douglas J. Sorocco, Reg. No. 43,145

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Date

4.5.04

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PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

01 PTE FEE TRANSMITTAL for FY 2004 <small>Patent fees are subject to annual revision.</small> <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known													
TOTAL AMOUNT OF PAYMENT (\$) 0		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/050.231</td> </tr> <tr> <td>Filing Date</td> <td>01/16/2002</td> </tr> <tr> <td>First Named Inventor</td> <td>William H. Hildebrand, et al.</td> </tr> <tr> <td>Examiner Name</td> <td>F. Vandervegt</td> </tr> <tr> <td>Art Unit</td> <td>1644</td> </tr> <tr> <td>Attorney Docket No.</td> <td>6680.036</td> </tr> </table>		Application Number	10/050.231	Filing Date	01/16/2002	First Named Inventor	William H. Hildebrand, et al.	Examiner Name	F. Vandervegt	Art Unit	1644	Attorney Docket No.	6680.036
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METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 04-1700 Deposit Account Name: Dunlap, Coddling & Rogers, P.C. Customer No. 30589 The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	FEE CALCULATION (continued) 3. ADDITIONAL FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> <tr> <th>Total Claims</th> <th></th> <th>** =</th> <th></th> <th>X</th> <th></th> <th>=</th> <th></th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td></td> <td>** =</td> <td></td> <td>X</td> <td></td> <td>=</td> <td>\$0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>** =</td> <td></td> <td>X</td> <td></td> <td>=</td> <td>\$0</td> </tr> </tbody> </table>				Extra Claims		Fee from below		Fee Paid		Total Claims		** =		X		=		Independent Claims		** =		X		=	\$0	Multiple Dependent		** =		X		=	\$0	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table>		Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	86	2201	43	Independent claims in excess of 3		1203	290	2203	145	Multiple dependent claim, if not paid		1204	86	2204	43	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
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SUBMITTED BY Name (Print/Type): Douglas J. Sorocco Signature: 		Registration No. (Attorney/Agent): 43,145 Telephone: (405) 607-8600 Date: 04/05/2004	
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